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PTO/SB/05 (2/98)

UTILITY PATENT APPLICATION TRANSMITTAL

Please type a plus sign (+) inside this box → +

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| ttorney Docket No. | TI-3084 |
|--------------------|---------|
| | |

First Named Inventor or Application Identifier

Robert T. Killian

Multiprocessor Object Control

Express Mail Label No. EL645454232US

09/841847

On Page 1 of the specification, before line 1, insert –This application claims priority under 35 USC § 119(e)(1) of provisional application number 60/199,754; 60/199,755; 60/199,917; and 60/199,754 all filed 04/26/2000.--

| APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 1. X *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) | 6. Microfiche Computer Program (Appendix) | | | | | | | |
| 2. Specification [Total Pages (preferred arrangement set forth below) - Descriptive title of the Invention | (If applicable, all necessary) | | | | | | | |
| - Cross References to Related Applications | a. Computer Readable Copy | | | | | | | |
| Statement Regarding Fed sponsored R&D Reference to Microfiche Appendix | b. Paper Copy (identical to computer copy) | | | | | | | |
| - Background of the Invention | | | | | | | | |
| - Brief Summary of the Invention | c. Statement verifying identical of above copies | | | | | | | |
| Brief Description of the Drawings (if filed)Detailed Description | ACCOMPANYING APPLICATION PARTS | | | | | | | |
| - Claim(s) | | | | | | | | |
| - Abstract of the Disclosure | Assignment Papers (cover sheet & Documents(s)) | | | | | | | |
| 3. X Drawing(s) (35 USC d113) [Total Sheets 13 | 37 CFR §3.73(b) Statement Power of | | | | | | | |
| 4. Oath or Declaration | Attorney | | | | | | | |
| Newto Forested (within) | J 10. English Translation Document (if applicable) Information Disclosure Copies of IDS | | | | | | | |
| Copy from a prior application /37 CER 61 63/d\\ | 11. Statement (IDS)/PTO-1449 Copies of IDS | | | | | | | |
| for continuation/divisional with Box 17 completed) | 12. Preliminary Amendment | | | | | | | |
| [Note Box 5 below] | 13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | | | | | | | |
| i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, | 14. **Small Entity Statement filed in prior application Status still proper and desired (PTO/SB/09-12) | | | | | | | |
| see 37 CFR §1.63(d)(2) and 1.33(b). | 15. Certified Copy of Priority Document(s) if foreign priority is claimed) | | | | | | | |
| 5. Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of | Cabon | | | | | | | |
| the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is | | | | | | | | |
| hereby incorporated by reference therein. A new statement is required to be entitled to pay small entity fees, except | | | | | | | | |
| where one has been filed in a prior application and is being relied upon. 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: | | | | | | | | |
| ☐Continuation ☐Divisional ☐Continuation-in-part (CIP) of prior application No: / . | | | | | | | | |
| Prior application information: Examiner Group / Art Unit: | | | | | | | | |
| 18. CORRESPONDENCE ADDRESS | | | | | | | | |
| | | | | | | | | |
| Customer Number or Bar Code Label 23494 or Correspondence address below | | | | | | | | |
| NAME | Attach bar code label here) | | | | | | | |
| ADDRESS | | | | | | | | |
| CITY STATE | ZIP CODE | | | | | | | |
| COUNTRY TELEPHONE (972) | 917-4365 FAX (972) 917-4418 | | | | | | | |
| Name (Print/Type) Carlton H. Hoel | Registration No. (Attorney/Agent) 29,934 | | | | | | | |
| Signature MAZEN | Date 04/19/8 (| | | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington,

EXPRESS MAIL Mailing Label No. EL645454232US

04/25/2001 DATE:

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. FEE TRANSMITTAL Complete If Known Application Number Patent fees are subject to annual revision on October 1. Filing Date 04/25/2001 These are the fees effective October 1, 1997 First Named Inventor Robert T. Killian Small Entity payments must be supported by a small entity statement, Examiner Name otherwise large entity fees must be paid. See Forms PTO/SB/09-12. Group / Art Unit

| TOTAL AMOUNT OF PAYMENT (\$) \$790 | | | Attorney | / Dock | et No. | TI-30845 |
|---|---|----------------------|-----------------------------|-------------|-----------------------|---|
| METHOD OF PAYMENT | | | FEE CALCULATION (continued) | | | |
| The Commissioner is hereby authorized to charge to the following Deposit Account, | | | ADDIT | IONAI | L FEES | |
| Deposit Account Number | 20-0008 | Large Fee Code | Entity Fee (\$) | Fee Code | Entity Fee (\$) | Fee Description Fee Paid |
| Deposit Account Name Texas Instruments Incorporated | | 105 127 | 130 50 | 205 227 | 65 25 | Surcharge - late filing fee Surcharge - late provisional filing fee or cover sheet. |
| Charge any additional fee required or credit any overpayment | Charge all indicated fees and any additional fee required or credit any overpayment | 139 | 130 | 139 | 130 | Non-English specification |
| 2. Payment Enclosed: | | | 2,520 920* | 147 112 | 2,520 920* | For filing a request for reexamination |
| | Money Other | 112 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR prior to Examiner action Requesting publication of SIR after |
| FEE CALC | Order - | | · | | · | Examiner action |
| | | 115 | 110 | 215 | 55 | Extension for reply within first month |
| | | 116 | 400 | 216 | 200 | Extension of time within second month |
| Large Entity Small Entity Fee Fee Fee Fee | | 117 118 | 950 1,510 | 217 218 | 475 755 | Extension of time within third month |
| Code (\$) Code (\$) | | 128 | 2,060 | 228 | 1,030 | Extension of time within fourth month |
| 101 710 201 355 | | 119 | 310 | 219 | | Extension of time within fifth month |
| 106 320 206 160 | 41.0 | 120 | 310 | 220 | 155 155 | Notice of Appeal Filing a brief in support of an appeal |
| 107 490 207 245 | <u> </u> | 121 | 270 | 221 | 135 | Request for oral hearing |
| 108 710 208 355 | _ | 138 | 1,510 | 138 | 1,510 | Petition to institute a pubic use proceeding |
| 114 150 214 75 | - 1 I I | 40 | 110 | 240 | 55 | Petition to revive - unavoidable |
| · · · · · · · · · · · · · · · · · · · | SUBTOTAL (1) (\$) 740 | 41 | 1,320 | 241 | 660 | Petition to revive - unintentional |
| | | 42 | 1,320 | 242 | 660 | Utility issue fee (or reissue) |
| | 10 | 43 | 450 | 243 | 225 | Design issue fee |
| 2. EXTRA CLAIM FEES | 1 | 44 | 670 | 244 | 335 | Plant issue fee |
| Extra C | | 22 23 | 130 50 | 122 | 130 50 | Petitions to the Commissioner |
| Extra C | helow | 26 26 | 240 | 123 126 | | Petitions related to provisional applications |
| Total Claims 7 -20**= 0 | x 18 = \$00 | 81 | 40 | 581 | 240 40 | Submission of Information Disclosure Stmt. Recording each patent assignment per |
| Independent 4 -3** = 1 | x 80 = \$80 | 46 | 790 | 246 | 395 | properly (time number of properties) Filing a submission after final rejection (37 |
| Multiple Dependent | = \$00 | | 790 | | 395 | CFR 1.129(a)) |
| **or number previously paid, if greater; For | | | 790 | 249 | | For each additional invention to be examined (37 CFR 1.129(b)) |
| Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) | Fee Description | | | | | ` |
| 103 18 203 9 | Claims in excess of 20 | Othe | r fee (sp | ecify) | | |
| 102 80 202 40 | Independent Claims in excess of 3 | | | | | |
| 104 270 204 135 | Multiple dependent claims in excess of 3 | | | | | |
| 109 80 209 40 | **Reissue independent claims over original patent | - | | | | |
| 110 18 210 9 | **Reissue claims in excess of 20 and over original patent | Other fee (specify) | | | | |
| SUBTOTAL (2) (\$) \$80 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) | | | | | | |
| SUBMITTED BY | | | | | | Complete (if applicable) |
| Typed or Printed Name Carlton H. Hoel | | | | | | Reg. Number 29,934 |
| Signature | Ch Il Aus | / | | Date | DAL | Deposit Account User ID |